



Corporation

P.O. BOX 22 • LAKELAND, FLORIDA 33802-0022
PHONE (863) 665-7557 • WATS (800) 282-5678 • FAX (863) 665-7634

Date _____

Salesman # _____

Name of Business (Billing Address)

Company Name: _____ Phone # () _____

Billing Address: _____ Fax # () _____

Shipping Address: _____

Form of Business: [] Proprietorship [] Partnership [] Corporation [] Other
(Check applicable box)

Type of Business: _____ Years in Operation: _____

Resident Agent: _____ Address: _____

Owner/President: _____ Vice President: _____

S.S. # of Owners (if other than Corp.) Pres: _____ V/Pres: _____

Corp. Fed ID#: _____ Dunn & Bradstreet #: _____ Facility ID#: _____

[] Charge Sales Tax [] Do Not Charge Sales Tax Certificate #: _____
(Reason for exemption): _____

Payables Person to Contact: _____ Title: _____ Phone #: _____

Are Purchase Orders required to charge on your account? [] Yes [] No

Product Volume Required per month: Fuels _____ Lubricants _____ Card-Lock _____

Requested line of credit if approved: \$ _____

Bank Reference: _____

Bank Name Address City State Zip

Account # (s) Bank Contact

Bank Reference: _____

Bank Name Address City State Zip

Account # (s) Bank Contact

Trade References with Complete Address	Telephone	Fax
1) _____	() _____	() _____
2) _____	() _____	() _____
3) _____	() _____	() _____
4) _____	() _____	() _____
5) _____	() _____	() _____

IMPORTANT! WE MUST HAVE AT LEAST 5 CURRENT REFERENCES. DO NOT LEAVE ABOVE BLANK!
**** IMPORTANT ****

By Signature hereof, applicant agrees to the following terms:

- 1) I hereby represent that I am authorized to submit this application on behalf of the customer named above and it is understood that information will be obtained through personal interviews with third parties, such as business associates, financial sources such as Banks, Dunn & Bradstreet Reporting, and Credit Bureau. These inquiries include information as to application's credit capacity and general credit reputation.
- 2) If credit is approved and applicant defaults, applicant agrees to pay all costs of collection, including reasonable attorney's fees for amounts collected by suit or by attorney, plus all amounts due company for products or services, including all applicable late fees and interest. All suits shall be brought to Polk County, Florida.
- 3) Applicant agrees to pay a service charge of 2 1/2% for each past due invoice. In addition, interest at the rate of 1 1/2% per month shall be charged on any unpaid late balance.
- 4) Terms: COD until credit line is established. Then NET 10 DAYS from date of invoice unless otherwise stipulated. Amounts in excess of credit limit are due upon receipt of product.
- 5) I/We fully understand that it is a crime punishable by fine or imprisonment or both, to knowingly make any false statements concerning any of the above facts as applicable under FL statutes 817.03-817.031.
- 6) The undersigned, individually, hereby guarantees the prompt payment of the obligations of the company to Fleetwing in accordance with the terms hereof, and all sums payable under or by virtue of the credit extended by Fleetwing to the company, including the principle amount of the credit and all interest which may be due and owing with respect to the credit and all expenses, including reasonable attorney's fees, in connection with any collection agency action brought to collect the credit. The undersigned acknowledges that the foregoing guarantee is an individual obligation of the undersigned and not given incident to his or her corporate position. Further, the undersigned acknowledges and agrees that this provision is a material inducement in Fleetwing's decision to render credit to the company.

MANDATORY: Signature of Officer of the Company only.

Signature

Type or Print Name

Title

Date

Please indicate if you would like your invoices sent :

Via e-mail:

E Mail address: _____

Contact: _____

Phone: _____

Via Fax:

Fax No.: _____

Contact: _____